

<i>SERFF Tracking Number:</i>	<i>CMBD-126798431</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Combined Insurance Company of America</i>	<i>State Tracking Number:</i>	<i>46727</i>
<i>Company Tracking Number:</i>	<i>103303</i>		
<i>TOI:</i>	<i>MS09 Medicare Supplement - Other 2010</i>	<i>Sub-TOI:</i>	<i>MS09.000 Medicare Supplement Other 2010</i>
<i>Product Name:</i>	<i>Senior 2010 Medicare Supplement Direct Response Script</i>		
<i>Project Name/Number:</i>	<i>2010 Medicare Supplement Direct Response Script/103303</i>		

Filing at a Glance

Company: Combined Insurance Company of America

Product Name: Senior 2010 Medicare SERFF Tr Num: CMBD-126798431 State: Arkansas

Supplement Direct Response Script

TOI: MS09 Medicare Supplement - Other 2010 SERFF Status: Closed-Filed-Closed State Tr Num: 46727

Sub-TOI: MS09.000 Medicare Supplement Co Tr Num: 103303 State Status: Filed-Closed
Other 2010

Filing Type: Advertisement

Author: Sue Thill

Reviewer(s): Stephanie Fowler

Date Submitted: 09/07/2010

Disposition Date: 09/10/2010

Disposition Status: Filed-Closed

Implementation Date Requested: 10/01/2010

Implementation Date:

State Filing Description:

General Information

Project Name: 2010 Medicare Supplement Direct Response Script

Project Number: 103303

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 09/10/2010

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 09/10/2010

Created By: Sue Thill

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Sue Thill

Filing Description:

Combined Insurance Company of America

FEIN Number 36-2136262

NAIC Number 626-62146

Form Number 103303 - Medicare Supplement Direct Response Script for Plans A, F and N

INDIVIDUAL MEDICARE SUPPLEMENT

The above captioned advertisement is attached for your consideration.

SERFF Tracking Number: CMBD-126798431 State: Arkansas
Filing Company: Combined Insurance Company of America State Tracking Number: 46727
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TOI: MS09 Medicare Supplement - Other 2010 Sub-TOI: MS09.000 Medicare Supplement Other 2010
Product Name: Senior 2010 Medicare Supplement Direct Response Script
Project Name/Number: 2010 Medicare Supplement Direct Response Script/103303

The filing fee, in the amount of \$50.00, was provided through EFT.

Form No. 103303 is new and will not replace any existing direct response script. The script will be used by a contracted third party vendor who has licensed and trained agents to market Medicare supplement forms in the State of Arkansas. The script will be used for the following forms:

Form Numbers Description Approval Date SERFF Tracking/State Tracking #

Form No. 14910-AR-A Plan A August 3, 2010 CMBD-126734449/46289
Form No. 14911-AR-F Plan F August 3, 2010 CMBD-126734449/46289
Form No. 14912-AR-N Plan N August 3, 2010 CMBD-126734449/46289
Form No. 149276 Application August 3, 2010 CMBD-126734449/46289

The advertising was filed with our Domicile State, Illinois, on September 2, 2010.

Thank you for your review.

Company and Contact

Filing Contact Information

Sue Thill, Senior Policy Analyst Sue.A.Thill@combined.com
1000 Milwaukee Avenue 847-953-1536 [Phone]
Glenview, IL 60025 847-953-1557 [FAX]

Filing Company Information

Combined Insurance Company of America	CoCode: 62146	State of Domicile: Illinois
1000 Milwaukee Avenue	Group Code: 626	Company Type:
Glenview, IL 60025	Group Name:	State ID Number:
(847) 953-1531 ext. [Phone]	FEIN Number: 36-2136262	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	1 Advertisement x \$50 = \$50
Per Company:	No

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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Combined Insurance Company of America	\$50.00	09/07/2010	39279162

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed-Closed	Stephanie Fowler	09/10/2010	09/10/2010

<i>SERFF Tracking Number:</i>	<i>CMBD-126798431</i>	<i>State:</i>	<i>Arkansas</i>
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Disposition

Disposition Date: 09/10/2010

Implementation Date:

Status: Filed-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Form	MEDICARE SUPPLEMENT DIRECT RESPONSE SCRIPT	Filed	Yes

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Company Tracking Number: 103303

TOI: MS09 Medicare Supplement - Other 2010 Sub-TOI: MS09.000 Medicare Supplement Other 2010

Product Name: Senior 2010 Medicare Supplement Direct Response Script

Project Name/Number: 2010 Medicare Supplement Direct Response Script/103303

Form Schedule

Lead Form Number: 103303

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Filed 09/10/2010	103303	Advertising	MEDICARE SUPPLEMENT DIRECT RESPONSE SCRIPT	Initial			103303.pdf

**Medicare Supplement Telephone Script From Inbound Inquiries to
Combined Insurance Company of America's Customer Service Group or Website**

Hello, this is _____, a licensed agent representing Combined Insurance. May I please speak with Mr./Mrs. _____?

If not available: When would an appropriate time be to call Mr./Mrs. _____ back? (Go to Courtesy Close).

If talking to appropriate contact: Hi Mr./Mrs. _____. You recently contacted Combined Insurance inquiring about their Medicare Supplement Insurance. The purpose of this call is to tell you about Combined's Medicare Supplement product and answer any questions you may have.

Mr./Mrs. _____, the Combined Insurance Medicare Supplement Plans are designed to help protect you against having to pay potentially thousands of dollars NOT covered by Medicare. We believe you will also need this protection because your Medicare deductibles and co-payments can be very costly as well. For instance, if you spend just one day in the hospital, you'll have to come up with \$1,100. Our Medicare Supplement Plan F pays the entire \$1,100 for you, which is probably why it is one of the most popular plans among all insured and companies. The plan is competitively priced and we can make this process very easy for you to understand.

In addition, Mr./Mrs. _____, we want you to be aware that Combined Insurance is not connected with or endorsed by the U.S. Government or the federal Medicare program.

In Colorado: I also want to let you know that Combined's Medicare supplement standardized plans are offered to qualified individuals under the age of 65.

(If early interrupt or has specific questions, refer to the FAQ's or script to answer appropriately.)

So, before I can continue, there are a few questions that I am required to ask to see if you can qualify *but before I start, we need to record the rest of this call for documentation and quality control purposes. Is that OK?*

(IF YES) Thank you – **Continue (Turn Recorder On)**

(IF NO TO TAPE) – (Turn off Recorder) Mr./Mrs., the only reason for recording is to assure accuracy in the information we give you and get from you and *so that it can serve as a record of your application should you decide to enroll, and to make sure there are no mistakes.* Are you sure it wouldn't be OK to record just this verification with me?

(if still NO) - go to Courtesy Close

(if OK) - (Turn Recorder On and Continue)

(Use the state application and ask questions A through K)

WONDERFUL ... YOU DO QUALIFY. – Go To Plan Description

If the customer is in an open enrollment period:

Do not ask the medical underwriting questions on page 2 of the application...go on to the description of the plan. (see below)

General Description:

Medicare was not intended to pay all of your out of pocket expenses. According to The US Department of Health & Human Services, Medicare covers less than one-half of total health care costs... potentially leaving our nation's seniors with a significant financial burden. If you are, or will be on Medicare and you need medical services or treatment, you will most likely need some help.

A Combined Medicare Supplement Insurance policy could make the difference.

It is important for you to know what Medicare covers, where the gaps exist, and how Combined Insurance can help. Would you like me to go over what Medicare doesn't cover? **(yes- continue, no – go to Plan F with a pivot to N if necessary)**

If IA:

It is important for you to know what Medicare covers, what it does not cover, and how Combined Insurance can help. Would you like me to go over what Medicare doesn't cover? **(yes- continue, no – go to Plan F with a pivot to N if necessary)**

Medicare Part A covers **Hospital Care**, which includes: room, board, miscellaneous services and supplies. However Medicare only pays part of the costs – you must pay the rest. According to the 2010 Medicare regulations, here is what you are responsible for paying:

- For the first 60 days in the hospital.....**You Pay** a deductible of [\$1,100.00]
- For days 61–90.....**You Pay** [\$275.00] **a day** co-payment
- Beyond 90 days & for 60 lifetime reserve days..... **You Pay** [\$550.00] **a day** co-payment
- For an additional 365 days beyond that.....**You Pay** All costs
- For care in a Skilled Nursing Facility (days 21-100)...**You Pay** Up To [\$137.50] **a day** co-payment
- For the first 3 pints of blood, if not replaced.....You Pay All costs
- For Hospice Care.....**You Pay** Medicare copayment/coinsurance

Medicare Part B covers Medicare-approved Physician Services as well as inpatient and outpatient medical & surgical services and supplies. Part B also covers certain types of therapy, tests, and equipment. You are responsible for paying the following:

- For all services.....**You Pay** a [\$155.00] Part B deductible
Plus [20%] remainder of all approved charges
- For any excess charges.....**You Pay** All costs
- For the first 3 pints of blood, if not replaced.....**You Pay** All costs
- In addition, no coverage is provided should you require necessary emergency care on trips outside of the United States.

Mr./Mrs. _____, as you can see, Medicare coverage alone only covers certain charges, and could leave you responsible for hundreds, and perhaps thousands of dollars of out-of-pocket expenses.

What do you think about this situation?

Combined offers Medicare Supplement insurance which can help pay many of the medical expenses that Medicare does not cover.

If IA:

Combined Insurance can provide a Medicare Supplement Policy that helps pay for many of the expenses that Medicare does not cover.

Let me explain why you should consider our Medicare Supplement Plan F program.

Plan F

For Medicare Part A services:

- For the first 60 days in the **hospital**, the policy will pay the deductible... **You Pay** [\$0.00] instead of the [\$1,100.00] *deductible* I mentioned earlier
- For days 61-90..... **You Pay** [\$0.00] instead of the [\$275.00] *a day* co-payment
- Beyond 90 days..... **You Pay** [\$0.00] instead of the [\$550.00] *a day* co-payment
- For an additional 365 days..... **You Pay** [\$0.00] instead of paying all costs on your own
- For Skilled Nursing Care days 21-100..... **You Pay** [\$0.00] instead of the up to [\$137.50] *a day* co-payment
- For the first 3 pints of blood..... **You Pay** [\$0.00] instead of all costs
- For Hospice Care..... **You Pay** [\$0.00] instead of Medicare copayment/coinsurance

For Medicare Part B services:

- For all services..... **You Pay** the [\$155.00] annual deductible but you'll pay [\$0.00] instead of [20%] of all approved charges
- For any excess charges **You Pay** [\$0.00]
- For the first 3 pints of blood..... **You Pay** [\$0.00]
- For Home Health Care Medicare Approved Services..... **You Pay** [\$0.00] instead of the [\$155.00] Part B deductible for durable medical equipment. You also pay [\$0.00] instead of the [20%] for all of the remainder of Medicare approved charges.
- And for necessary Emergency Care during the first 60 days of a trip outside the United States
You Pay [\$250.00] each calendar yr and only [20%] of costs, up to a [\$50,000.00] lifetime maximum

And, the nice thing about this plan is that the entire cost for all this coverage is only [\$_____] per month.

It's easy to see why so many people choose the Plan F as the supplement to their Medicare coverage. Wouldn't you agree?

Exclusions

It's also important to understand what our MedSupp policy does not cover:

- Services rendered by, or covered by, any agency of a state government (except Medicaid) where there is an obligation to pay.
- Expenses covered and payable under Medicare
- Expenses for any Mental Disorder covered under this policy after Medicare's limits are reached

Again, the entire cost for all this coverage is only [\$_____] per month. And, you will have 30 days to review the policy. If you are not satisfied with the policy for any reason, you may cancel your policy within 30 days of the effective date and you will receive a full refund.

Why don't we go ahead and complete an application!

(Go Back to Application and Complete – If customer answers “Yes” to the Guaranteed Issue question “L” or “M” (dependant on state specific application) and is required to provide evidence of eligibility, explain that they need to send their evidence of eligibility to Combined Insurance at 1000 N Milwaukee Ave, Glenview, IL 60025, attention: Judith Behrens V.P.)

Mr./Mrs._____, as I mentioned, your premium is [\$_____] per mo. Would you like to pay this monthly through your checking account?

(if Yes) – Fill out the APC form at the back of the application and explain when the draft will be done.

(if Existing PAC Billing Member and asks why we don't already have this) – “Simply we need to ask this for your protection.”

(if No)(In all states other than PA) – We also have an option of billing you annually on a Visa or Mastercard credit card. How does this sound? (Fill out the separate credit card form.)

One other thing I need to mention is if Medicare changes their deductibles and co-payment amounts, your policy benefits will also change. When this happens, your renewal premium may also change. Premiums may also change at other times, on a class basis only, subject to Insurance department approval in your state. An example of a class change is specific age groupings (40 - 50), smoker status, non-smoker, etc.

In a few weeks you will receive your welcome letter, policy, a copy of the application, outline of coverage and other required paperwork. We would like to thank you for placing your trust with Combined Insurance Company.

Is there anything else I can help you with today?

Courtesy Close:

Mr./Mrs._____. I appreciate your time and am sorry we could not be of service to you today. If you have any questions about this call you can call our toll free number 1-800-544-5531. Have a good day/evening.

FAQ Responses

Other Reasons

Here are 8 big reasons why thousands of our customers have taken advantage of the Combined Insurance Medicare Supplement Policy:

- Coverage Begins Along With Medicare – if you qualify
- Pre-Existing Conditions Are Covered Immediately – no waiting period after the policy begins
- This policy is guaranteed renewable as long as the required premiums are paid. **For Issue Age Policies (Arizona, Georgia, Idaho, Missouri, New Hampshire only):** Premiums are based on your age (at issuance) – we cannot change the premium just because you get older. **For Community Rated Policies: (Arkansas, Maine, Minnesota only)** Premiums are the same for everyone. **For Attained Age Policies:** Premiums are based on your attained age and will increase as you get older. Premiums may change, on a class basis only, subject to Insurance Department approval in your state.
- No Claim Form Is Required – the explanation of Medicare benefits and the policy number is all that is required
- You Are Able To Choose Your Own Doctors – or other health care providers, and benefits are paid directly to them.
- We Offer Convenient Service – such as a toll-free customer service hotline for your convenience
- A Choice Of Two Convenient Payment Methods: Annual or monthly payments through a bank draft or credit card.
- The Strength And Security Of Combined Insurance Company - rated A (Excellent) by A.M. Best Company (August/2010) which is an organization that rates the financial strength of companies and their ability to meet ongoing obligations to policyholders.

1. What is a Medigap/MedSupp policy?

A Medigap or MedSupp policy is a supplemental insurance plan sold by a private company, like Combined Insurance, that helps pay for many of the expenses Traditional Medicare does not cover. A MedSupp policy provides additional protection and can result in significant savings for medical expenses that, under Medicare alone, **you** would be solely responsible for paying.

If IA:

1. What is a MedSupp policy?

A MedSupp policy is a supplemental insurance plan sold by a private company, like Combined Insurance, that helps pay for many of the medical expenses that are not covered by Traditional Medicare Plan coverage. A MedSupp policy provides additional protection and can result in significant savings for medical expenses that, under Medicare alone, **you** would be solely responsible for paying.

2. Wants Plan Other Than F:

There are other ones available, including Plan A, B(PA only), C(MI only), and N (Not available in ME) Do you have questions about a specific plan?

3. Wants Plan A:

Plan A provides the following benefits:

For Medicare Part A Services:

- For the first 60 days in the hospital, the policy will pay the deductible... **You Pay the** [\$1,100.00] deductible.
- For days 61-90..... **You Pay** [\$0.00] instead of the [\$275.00] a day co-payment
- Beyond 90 days..... **You Pay** [\$0.00] instead of the [\$550.00] a day co-payment
- For an additional 365 days..... **You Pay** [\$0.00] instead of paying all costs on your own
- For Skilled Nursing Care days 21-100..... **You Pay up to** [\$137.50] a day co-payment
- For the first 3 pints of blood..... **You Pay** [\$0.00] instead of all costs
- For Hospice Care..... **You Pay** [\$0.00] instead of Medicare copayment/coinsurance

For Medicare Part B services:

- For all services..... **You Pay the** [\$155.00] annual Part B deductible but the remainder of Medicare Approved Amounts you'll pay [\$0.00] instead of [20%] of all approved charges
- For any excess charges **You Pay All costs**
- For the first 3 pints of blood..... **You Pay** [\$0.00]
- For At Home Recovery for personal care during recovery from an injury or sickness
You Pay All Costs
- And for necessary Emergency Care during the first 60 days of a trip outside the United States
You Pay All Costs

And, the nice thing about this plan is that the entire cost for all this coverage is only [\$_____] per month.

Exclusions

It's also important to understand what this MedSupp policy does not cover:

- Services rendered by, or covered by, any agency of a state government (except Medicaid) where there is an obligation to pay.
- Expenses covered and payable under Medicare
- Expenses for any Mental Disorder covered under this policy after Medicare's limits are reached

It's easy to see why so many people choose the Plan A as the supplement to their Medicare coverage. Wouldn't you agree?

4. Wants Plan B (Only available in PA)

Plan B provides the following benefits:

For Medicare Part A services:

- For the first 60 days in the hospital, the policy will pay the deductible... **You Pay** [\$0.00] instead of [\$1,100.00] deductible.
- For days 61-90..... **You Pay** [\$0.00] instead of the [\$275.00] a day co-payment
- Beyond 90 days..... **You Pay** [\$0.00] instead of the [\$550.00] a day co-payment
- For an additional 365 days..... **You Pay** [\$0.00] instead of paying all costs on your own
- For Skilled Nursing Care days 21-100..... **You Pay up to** [\$137.50] a day co-payment
- For the first 3 pints of blood..... **You Pay** [\$0.00] instead of all costs
- For Hospice Care..... **You Pay** [\$0.00] instead of Medicare copayment/coinsurance

For Medicare Part B services:

- For all services..... **You Pay** the [\$155.00] annual Part B deductible but you'll pay [\$0.00] instead of [20%] of all approved charges
- For any excess charges **You Pay All costs**
- For the first 3 pints of blood..... **You Pay** [\$0.00]
- For At Home Recovery for personal care during recovery from an injury or sickness
You Pay [\$155.00]
annual Part B deductible but for the remainder of Medicare Approved Amounts you'll pay [\$0.00] instead of [20%] of all approved charges.
- And for necessary Emergency Care during the first 60 days of a trip outside the United States
You Pay All Costs

And, the nice thing about this plan is that the entire cost for all this coverage is only [\$_____] per month.

Exclusions

It's also important to understand what this MedSupp policy does not cover:

- Services rendered by, or covered by, any agency of a state government (except Medicaid) where there is an obligation to pay.
- Expenses covered and payable under Medicare
- Expenses for any Mental Disorder covered under this policy after Medicare's limits are reached

It's easy to see why so many people choose the Plan B as the supplement to their Medicare coverage. Wouldn't you agree?

5. Wants Plan C: (Only available in MI)

Plan C provides the following benefits:

For Medicare Part A services:

- For the first 60 days in the **hospital**, the policy will pay the deductible... **You Pay** [\$0.00] instead of [\$1,100.00] deductible.
- For days 61-90..... **You Pay** [\$0.00] instead of the [\$275.00] a day co-payment
- Beyond 90 days..... **You Pay** [\$0.00] instead of the [\$550.00] a day co-payment
- For an additional 365 days..... **You Pay** [\$0.00] instead of paying all costs on your own
- For Skilled Nursing Care days 21-100..... **You Pay** [\$0.00] instead of up to [\$137.50] a day.
- For the first 3 pints of blood..... **You Pay** [\$0.00] instead of all costs
- For Hospice Care..... **You Pay** [\$0.00] instead of Medicare copayment/coinsurance

For Medicare Part B services:

- For all services..... **You Pay** [\$0.00] instead of [\$155.00] annual Part B Deductible
- For any excess charges **You Pay All costs**
- For the first 3 pints of blood..... **You Pay** [\$0.00] instead of [\$155.00] annual Part B Deductible
- For Home Health Care Medicare Approved Services..... You Pay [\$0.00] instead of the [\$155.00] Part B deductible for durable medical equipment. You also pay [\$0.00] instead of the [20%] for all of the remainder of Medicare approved charges.
- And for necessary Emergency Care during the first 60 days of a trip outside the United States
You Pay [\$250.00] each calendar yr and only [20%] of costs, up to a [\$50,000] lifetime maximum

And, the nice thing about this plan is that the entire cost for all this coverage is only [\$_____] per month.

Exclusions

It's also important to understand what this MedSupp policy does not cover:

- Services rendered by, or covered by, any agency of a state government (except Medicaid) where there is an obligation to pay.
- Expenses covered and payable under Medicare
- Expenses for any Mental Disorder covered under this policy after Medicare's limits are reached

It's easy to see why so many people choose the Plan C as the supplement to their Medicare coverage. Wouldn't you agree?

6. Wants Plan N (Not Available in Maine)

Plan N provides the following benefits:

For Medicare Part A services:

- For the first 60 days in the hospital, the policy will pay the deductible... **You Pay** [\$0.00] instead of [\$1,100.00] deductible.
- For days 61-90..... **You Pay** [\$0.00] instead of the [\$275.00] a day co-payment
- Beyond 90 days..... **You Pay** [\$0.00] instead of the [\$550.00] a day co-payment
- For an additional 365 days..... **You Pay** [\$0.00] instead of paying all costs on your own
- For Skilled Nursing Care days 21-100..... **You Pay** [\$0.00] instead of up to [\$137.50] a day co-payment
- For the first 3 pints of blood..... **You Pay** [\$0.00] instead of all costs
- For Hospice Care..... **You Pay** [\$0.00] instead of Medicare copayment/coinsurance

For Medicare Part B services:

- For all services..... **You Pay** the [\$155.00] annual Part B deductible but you'll pay up to [\$20.00] per office visit and up to [\$50.00] per emergency room visit. The copayment of up to [\$50.00] is waived if you are admitted to any hospital and the emergency visit is covered as a Medicare Part A expense instead of the balance of all approved charges.
- For any excess charges **You Pay All costs**
- For the first 3 pints of blood..... **You Pay** [\$0.00]
- For Home Health Care Medicare Approved Services..... **You Pay** [\$0.00] instead of the [\$155.00] Part B deductible for durable medical equipment. You also pay [\$0.00] instead of the [20%] for all of the remainder of Medicare approved charges.
- And for necessary Emergency Care during the first 60 days of a trip outside the United States
You Pay [\$250.00] each calendar yr and only [20%] of costs, up to a [\$50,000] lifetime maximum

And, the nice thing about this plan is that the entire cost for all this coverage is only [\$_____] per month.

Exclusions

It's also important to understand what this MedSupp policy does not cover:

- Services rendered by, or covered by, any agency of a state government (except Medicaid) where there is an obligation to pay.
- Expenses covered and payable under Medicare
- Expenses for any Mental Disorder covered under this policy after Medicare's limits are reached

It's easy to see why so many people choose the Plan N as the supplement to their Medicare program. Wouldn't you agree?

7. Lives in MN or WI

MN/WI plan provides the following benefits:

For Medicare Part A services:

- For the first 60 days in the hospital, the policy will pay the deductible... **You Pay** [\$0.00] with election of Optional Medicare Part A Deductible Rider instead of [\$1,100.00] deductible.
- For days 61-90..... **You Pay** [\$0.00] with election of Optional Medicare Part A Deductible Rider instead of the [\$275.00] a day co-payment
- Beyond 90 days..... **You Pay** [\$0.00] with election of Optional Medicare Part A Deductible Rider instead of the [\$550.00] a day co-payment
- Beyond 150 days..... **You Pay** only ineligible expenses instead of paying all costs on your own
- For Skilled Nursing Care days 21-100..... **You Pay** [\$0.00] instead of up to [\$137.50] a day co-payment
- **For inpatient psychiatric care**..... **You Pay** Costs in excess of 365 days lifetime limit
- For the first 3 pints of blood..... **You Pay** [\$0.00] instead of all costs
- For Hospice Care..... **You Pay** [\$0.00] instead of Medicare copayment/coinsurance

For Medicare Part B services:

- For all services..... **You Pay** [\$0.00] with the election of Optional Part B Deductible Rider instead of [\$155.00] annual deductible.
- For any excess charges **You Pay** the charges Medicare finds not eligible or if the optional Excess Charges rider is elected, You Pay [\$0.00]
- For the first 3 pints of blood..... **You Pay** [\$0.00] instead of [\$155.00] annual deductible and [20%] of all eligible costs
- For At Home Recovery for personal care during recovery from an injury or sickness
You Pay [\$0.00] with election of Optional Additional Home Health Care Rider.
- For Preventive Medical care..... You Pay [\$0.00] instead of \$120.00 annually
- And for necessary Emergency Care during the first 60 days of a trip outside the United States
You Pay [\$250.00] each calendar yr and only [20%] of costs, up to a [\$50,000] lifetime maximum

And, the nice thing about this plan is that the entire cost for all this coverage is only [\$_____] per month.

Exclusions

It's also important to understand what this MedSupp policy does not cover:

- Services rendered by, or covered by, any agency of a state government (except Medicaid) where there is an obligation to pay.
- Expenses covered and payable under Medicare

It's easy to see why so many people choose the Plan N as the supplement to their Medicare coverage. Wouldn't you agree?

8. Are my prescriptions covered?

Although some policies sold in the past covered prescription drugs, no new Medicare Supplement policies are allowed to include prescription drug coverage. If you want prescription drug coverage, you may want to join a Medicare Prescription Drug Plan (Part D), however, Combined Insurance does not offer Part D coverage. Can we go ahead with the application for the MedSupp plan?

9. How do I know if I need a MedSupp plan?

Well, Mr./Mrs._____, if you or your spouse had health insurance from your employer prior to retiring, you may not need it. Do you have continuing coverage from an employer or a government job?

IF NO – Then this is something you may need.

IF YES – That's fine, then you should check with your employer to make sure you have the proper coverage first, then you can call us back. **Go to Courtesy Close**

10. Are Pre-existing conditions covered?

Usually yes. Medicare itself provides full protection, up to specified limits from day one and the Medigap plan you choose will usually waive pre-existing conditions, particularly if you enroll as soon as you are eligible. Did that answer your question?

If IA:

10. Are Pre-existing conditions covered?

Usually yes. Medicare itself provides full protection, up to specified limits from day one and the Medsupp plan you choose will usually waive pre-existing conditions, particularly if you enroll as soon as you are eligible. Did that answer your question?

11. Can I keep my same Doctor?

Absolutely, Medicare allows for free and open choice, unless you opt for a Managed Care plan under Medicare Advantage. The plan we are offering is a Medicare Supplement plan which does allow you to see whatever Doctor you choose. OK?

12. How do I file a claim?

That's a great question Mr./Mrs._____. Most claims are filed electronically at the point of service. You simply show your Doctor your Medicare and MedSupp policy cards and they take care of filing the claim for you. Once the claim is filed by your doctor you will typically receive documentation of what covered services were paid, and usually, that's that. Sound good?

13. Is custodial Care at home or a nursing home covered?

Medicare itself does not cover this type of expense. The Medicare Supp Plan F we are offering, as well as Plans A, (B in Pennsylvania), (C I Michigan) and N (Excluding Maine) all have limited coverage to help you with this. Would you like to hear more about it?

14. Why should I buy this before I'm 65?

We'll, Mr./Mrs._____, the easiest way to answer that is that Medicare becomes effective on the 1st day of the month in which you turn 65. Therefore, if you wait to buy a Medigap plan, you could have inadequate coverage for several weeks. When do you turn 65?

If IA:

14. Why should I buy this before I'm 65?

We'll, Mr./Mrs._____, the easiest way to answer that is that Medicare becomes effective on the 1st day of the month in which you turn 65. Therefore, if you wait to buy a Medsupp plan, you could have inadequate coverage for several weeks. When do you turn 65?

15. Has a MedSupp or Medicare Advantage Plan (with Combined)

I see, in that case, this plan wouldn't help you. **Go to Courtesy Close**

16. Has a MedSupp or Medicare Advantage Plan (with Competition)

That's great Mr./Mrs. _____. In certain cases, we can review and replace your current Medsupp or Medicare Advantage Plan with a Plan that may work better for you and possibly save you money. Why don't we see if you qualify? How does that sound to you? (Refer to application question "D" to see if they qualify if replacing an existing Medsupp policy.) (Refer to application question "M or N" (dependant on state specific application) to see if they qualify if replacing an existing Medicare Advantage Plan.)

STATEMENT TO APPLICANT BY ISSUER, AGENT (BROKER OR OTHER REPRESENTATIVE):

I have reviewed your current medical or health insurance coverage. To the best of my knowledge, this Medicare supplement policy will not duplicate your existing Medicare supplement or, if applicable, Medicare Advantage coverage because you intend to terminate your existing Medicare supplement coverage or leave your Medicare Advantage Plan. The replacement policy is being purchased for the following reason (Please choose one of the following reasons):

- ☐ Additional benefits.
- ☐ No change in benefits, but lower premiums.
- ☐ Fewer benefits and lower premiums.
- ☐ My plan has outpatient prescription drug coverage and I am enrolling in Part D.
- ☐ Disenrollment from a Medicare Advantage plan. Please explain reason for disenrollment.

☐ Other, (Please specify) _____

If you still wish to terminate your present policy and replace it with new coverage, be certain to truthfully and completely answer all questions on the application concerning your medical and health history.

Failure to include all material medical information on an application may provide a basis for the company to deny any future claims and to refund your premium as though your policy had never been in force.

After we complete the application, we will review it carefully to be certain that all information has been properly recorded before you provide us with your electronic signature for approval.

Do not cancel your present policy until you have received your new policy and are sure that you want to keep it.

17. How does the 30-Day Money Back Guarantee work?

Once we process your application, a policy fulfillment kit will be prepared and mailed to you. You should receive it in 3-4 weeks at most. If you are not satisfied with this policy for any reason, return it to Combined's Home Office within 30 days of the date it is delivered. Any premium paid will be returned to you and this policy will be deemed void from the beginning. So, let me just review the policy, OK?

18. Wants to talk to Combined's Customer Service:

Combined's customer service number is: 800-544-5531 Monday-Friday 7:30am – 6:00pm Central

Or you can go to our website at: www.combinedinsurance.com